

SENATE BILL No. 250

DIGEST OF INTRODUCED BILL

Citations Affected: IC 9-18.5-8-4; IC 16-37; IC 25-1-10.5; IC 25-22.5-3-3; IC 25-23-1.

Synopsis: Health care providers. Removes language allowing an advanced practice registered nurse (APRN) to: (1) certify that an individual has a permanent disability for purposes of obtaining a permanent parking placard; and (2) enter or sign a record on a death into the Indiana death registration system. Provides that an APRN who operates in collaboration with a licensed practitioner shall operate within a 75 mile radius of the licensed practitioner's primary practice location or residence. Requires an APRN and the APRN's collaborating practitioner to meet quarterly. Requires certain practitioners to wear an identification badge. Sets forth the requirements of the identification badge. Requires the program established by the medical licensing board of Indiana under which an APRN who meets certain requirements may prescribe drugs to require drug prescribing supervision and drug prescribing guidelines. Requires an APRN to include on each form the APRN uses to prescribe a legend drug certain information concerning the APRN's supervising practitioner. Sets forth requirements concerning the number of APRNs and physician assistants to whom a physician may delegate prescriptive authority.

Effective: July 1, 2022.

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January 10, 2022, read first time and referred to Committee on Health and Provider Services.



Second Regular Session of the 122nd General Assembly (2022)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2021 Regular Session of the General Assembly.

SENATE BILL No. 250

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 9-18.5-8-4, AS AMENDED BY P.L.129-2018,
2 SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 JULY 1, 2022]: Sec. 4. (a) The bureau shall issue a permanent parking
4 placard to an individual:
5 (1) who is certified by a health care provider listed in subsection
6 (b) as having:
7 (A) a permanent physical disability that requires the use of a
8 wheelchair, a walker, braces, or crutches;
9 (B) permanently lost the use of one (1) or both legs; or
10 (C) a permanent and severe restriction in mobility due to a
11 pulmonary or cardiovascular disability, an arthritic condition,
12 or an orthopedic or neurological impairment;
13 (2) who is certified to be permanently:
14 (A) blind (as defined in IC 12-7-2-21(2)); or
15 (B) visually impaired (as defined in IC 12-7-2-198);
16 by an optometrist or ophthalmologist who has a valid unrestricted
17 license to practice optometry or ophthalmology in Indiana; or



(3) who:

(A) has been issued; or

(B) is otherwise eligible to receive;

a disabled Hoosier veteran license plate under IC 9-18.5-5 and requests a permanent parking placard.

The certification must be provided in a manner and form prescribed by the bureau.

(b) A certification required under subsection (a)(1) may be provided by the following:

(1) A physician having a valid and unrestricted license to practice medicine.

(2) A physician who is a commissioned medical officer of:

(A) the armed forces of the United States; or

(B) the United States Public Health Service.

(3) A physician who is a medical officer of the United States Department of Veterans Affairs.

(4) A chiropractor with a valid and unrestricted license under IC 25-10-1.

(5) A podiatrist with a valid and unrestricted license under IC 25-29-1.

~~(6) An advanced practice registered nurse with a valid and unrestricted license under IC 25-23.~~

~~(7)~~ (6) A physician assistant with a valid and unrestricted license under IC 25-27.5.

(c) A permanent placard issued under this section remains in effect until:

(1) a health care provider listed in subsection (b); or

(2) an optometrist or ophthalmologist that has a valid unrestricted license to practice optometry or ophthalmology in Indiana;

certifies that the recipient's disability is no longer considered to be permanent.

SECTION 2. IC 16-37-1-3.1, AS AMENDED BY P.L.131-2020, SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3.1. (a) The state department shall establish the Indiana birth registration system (IBRS) for recording in an electronic format live births in Indiana.

(b) The state department shall establish the Indiana death registration system (IDRS) for recording in an electronic format deaths in Indiana.

(c) Submission of records on births and deaths shall be entered by:

(1) funeral directors;

(2) physicians;



- 1 (3) coroners;
 2 (4) medical examiners;
 3 (5) persons in attendance at birth;
 4 (6) local health departments; and
 5 (7) for purposes of records on death, ~~(A) physician assistants; or~~
 6 ~~(B) advanced practice registered nurses;~~

7 using the electronic system created by the state department under this
 8 section.

9 (d) A person in attendance at a live birth shall report a birth to the
 10 local health officer in accordance with IC 16-37-2-2.

11 (e) Except as provided in subsection (f), death records shall be
 12 submitted as follows, using the Indiana death registration system:

13 (1) The:

14 (A) physician last in attendance upon the deceased;

15 (B) physician assistant last in attendance upon the deceased;

16 or

17 ~~(C) advanced practice registered nurse last in attendance upon~~
 18 ~~the deceased; or~~

19 ~~(D) (C) person in charge of interment;~~

20 shall initiate the document process. If the person in charge of
 21 interment initiates the process, the person in charge of interment
 22 shall electronically submit the certificate required under
 23 IC 16-37-3-5 to the physician or the physician assistant or the
 24 ~~advanced practice registered nurse~~ last in attendance upon the
 25 deceased not later than five (5) days after the death.

26 (2) The physician or the physician assistant or the ~~advanced~~
 27 ~~practice registered nurse~~ last in attendance upon the deceased
 28 shall electronically certify to the local health department the cause
 29 of death on the certificate of death not later than five (5) days
 30 after:

31 (A) initiating the document process; or

32 (B) receiving under IC 16-37-3-5 the electronic notification
 33 from the person in charge of interment.

34 (3) The local health officer shall submit the reports required under
 35 IC 16-37-1-5 to the state department not later than five (5) days
 36 after electronically receiving under IC 16-37-3-5 the completed
 37 certificate of death from the physician or the physician assistant
 38 or the ~~advanced practice registered nurse~~ last in attendance.

39 (f) If the IBRS or IDRS is unavailable for more than forty-eight (48)
 40 hours, the state registrar may issue a notice permitting the filing of a
 41 paper record of a live birth, a death, or both, subject to the following:

42 (1) The notice issued by the state registrar must contain a time



frame for which the notice is in effect and when the notice expires. However, the notice automatically expires if the state department notifies the local health officers that the IBRS or IDRS is available, the notice has expired, and that all future submissions must use the IBRS or IDRS.

(2) Paper records may not be accepted by the local health department or the state department of health on the earlier of the following:

(A) The expiration date listed in the notice or the expiration listed in a renewal notice described in subdivision (3).

(B) The state department notifies the local health officers when the IBRS or IDRS becomes available.

(3) The notice may be renewed by the state registrar until the IBRS or IDRS becomes available.

(4) Once the IBRS or IDRS becomes available, the local health officer shall enter the information contained in the paper record into the IBRS or IDRS.

SECTION 3. IC 16-37-3-3, AS AMENDED BY P.L.131-2020, SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 3. Except as provided in IC 16-37-1-3.1(f), the physician ~~or the physician assistant or the advanced practice registered nurse~~ last in attendance upon the deceased or the person in charge of interment shall use the Indiana death registration system established under IC 16-37-1-3.1 to file a certificate of death with the local health officer of the jurisdiction in which the death occurred.

SECTION 4. IC 25-1-10.5 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 10.5. Health Care Provider Identification Badges

Sec. 1. This chapter does not apply to:

(1) a psychiatrist licensed under IC 25-22.5; or

(2) another mental health provider (as defined in IC 16-36-1.5-2);

when providing mental health services.

Sec. 2. As used in this chapter, "direct patient care" means a health care service that is directly provided by a practitioner to address a patient's diagnostic, physical, emotional, or rehabilitation needs. The term includes the:

(1) examination;

(2) treatment; or

(3) preparation;

of a patient for a diagnostic test or procedure.



1 **Sec. 3. (a) As used in this chapter, "practitioner" means an**
 2 **individual who holds a:**

- 3 (1) license issued by a board described in IC 25-0.5-11; or
 4 (2) certificate of registration issued by the committee of
 5 hearing aid dealer examiners established by IC 25-20-1-1.5.

6 **(b) "Practitioner" does not include a veterinarian licensed**
 7 **under IC 25-38.1.**

8 **Sec. 4. As used in this chapter, "type of license" means the name**
 9 **or title of the profession of which a practitioner is a member, as**
 10 **displayed on the license or certificate of registration issued to the**
 11 **practitioner.**

12 **Sec. 5. Subject to section 6 of this chapter, a practitioner shall,**
 13 **when providing direct patient care, wear an identification badge**
 14 **that:**

- 15 (1) is of sufficient size and worn in such a manner as to be
 16 visible to the patient; and
 17 (2) clearly sets forth:
 18 (A) the practitioner's first and last name;
 19 (B) the type of license held by the practitioner; and
 20 (C) if applicable, the practitioner's status as a student,
 21 intern, trainee, or resident.

22 **Sec. 6. (a) A practitioner's type of license may be set forth under**
 23 **section 5(2) of this chapter by use of an acronym or a designation**
 24 **that is specifically permitted:**

- 25 (1) by the board or committee that issues the license or
 26 certificate of registration; and
 27 (2) under the profession's governing statutes and rules.

28 **(b) A practitioner's type of license may not be set forth under**
 29 **section 5(2) of this chapter by use of:**

- 30 (1) a reference to; or
 31 (2) an acronym that is solely associated with;

32 **the educational degree or another qualification of the practitioner,**
 33 **unless the reference or acronym is permitted for use by the**
 34 **practitioner under the profession's governing statutes and rules.**

35 **SECTION 5. IC 25-22.5-3-3 IS ADDED TO THE INDIANA CODE**
 36 **AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY**
 37 **1, 2022]: Sec. 3. (a) Except as provided in subsections (b), (c), and**
 38 **(d), a physician may delegate prescriptive authority to not more**
 39 **than a total of seven (7) advanced practice registered nurses and**
 40 **physician assistants.**

41 **(b) A physician employed by a hospital licensed under IC 16-21**
 42 **may delegate prescriptive authority to any number of advanced**



practice registered nurses and physician assistants who are:

(1) also employed by the hospital; and

(2) prescribing within the scope of an advanced practice registered nurses' and physician assistants' scope of employment at the hospital.

However, the physician may not delegate prescriptive authority to an advanced practice registered nurse or a physician assistant who is not employed by the hospital or is employed at a different hospital.

(c) A physician who provides care at a health facility licensed under IC 16-28 may delegate prescriptive authority to any number of advanced practice registered nurses and physician assistants who provide care at the health facility. The physician shall not delegate prescriptive authority under this subsection at more than two (2) health facilities.

(d) A physician who provides care in a medically underserved geographic area may delegate prescriptive authority to any number of advanced practice registered nurses and physician assistants.

SECTION 6. IC 25-23-1-19.4, AS AMENDED BY P.L.127-2020, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 19.4. (a) This section does not apply to certified registered nurse anesthetists.

(b) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:

(1) A veterinarian.

(2) An advanced practice registered nurse.

(3) A physician assistant.

(c) An advanced practice registered nurse shall operate:

(1) in collaboration with a licensed practitioner as evidenced by a practice agreement **and within a seventy-five (75) mile radius of the licensed practitioner's primary practice location or residence;**

(2) by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice registered nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients; or

(3) by privileges granted by the governing body of a hospital operated under IC 12-24-1 that sets forth the manner in which an advanced practice registered nurse and a licensed practitioner will



cooperate, coordinate, and consult with each other in the provision of health care to their patients.

(d) An advanced practice registered nurse and the advanced practice registered nurse's collaborating practitioner shall meet at least quarterly in person or by means of electronic communication.

~~(d)~~ **(e)** This subsection applies for purposes of the Medicaid program to an advanced practice registered nurse who:

- (1) is licensed pursuant to IC 25-23-1-19.5; and
- (2) has been educated and trained to work with patients with addiction and mental health needs.

An advanced practice registered nurse who meets the requirements of this subsection has all of the supervisory rights and responsibilities, including prior authorization, that are available to a licensed physician or a health service provider in psychology (HSPP) operating in a community mental health center certified under IC 12-21-2-3(5)(C).

~~(e)~~ **(f)** Before January 1, 2021, the office of the secretary shall apply to the United States Department of Health and Human Services for any state plan amendment necessary to implement subsection ~~(d)~~ **(e)**.

SECTION 7. IC 25-23-1-19.5, AS AMENDED BY THE TECHNICAL CORRECTIONS BILL OF THE 2022 GENERAL ASSEMBLY, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]: Sec. 19.5. (a) This section does not apply to certified registered nurse anesthetists.

(b) The board shall establish a program under which advanced practice registered nurses who meet the requirements established by the board are authorized to prescribe drugs, including controlled substances (as defined in IC 35-48-1-9) in accordance with IC 25-1-9.3. **The requirements must include:**

- (1) drug prescribing supervision by the advanced practice registered nurse's collaborating physician; and**
- (2) drug prescribing guidelines for each prescription drug for which the advanced practice registered nurse is authorized.**

(c) The authority granted by the board under this section:

- (1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
- (2) is subject to renewal indefinitely for successive periods of two (2) years.

(d) The rules adopted under section 7 of this chapter concerning the authority of advanced practice registered nurses to prescribe drugs must do the following:

- (1) Require an advanced practice registered nurse or a prospective advanced practice registered nurse who seeks the authority to



1 submit an application to the board.

2 (2) Require an applicant to satisfy the following as a prerequisite
3 to the initial granting of the authority:

4 (A) Meet all the qualifications for licensure as a registered
5 nurse under this article.

6 (B) Successfully complete:

7 (i) education requirements determined by the board to be
8 appropriate to the advanced practice registered nurse's role;
9 and

10 (ii) a graduate level course in pharmacology providing at
11 least two (2) semester hours of academic credit.

12 (C) Either:

13 (i) provide documentation, as requested by the board, that
14 the applicant has graduated before December 31, 1997, from
15 an advanced, organized formal education program
16 appropriate to the practice and that is acceptable to the
17 board; or

18 (ii) complete a graduate, postgraduate, or doctoral advanced
19 practice registered nurse program from an accredited college
20 or university.

21 (3) Establish requirements for an advanced practice registered
22 nurse to comply with national certification or the certification's
23 equivalence, including a portfolio equivalence, appropriate to the
24 ~~advance~~ **advanced** practice registered nurse's role.

25 (4) Require, as a condition of the renewal of the authority, the
26 completion by the advanced practice registered nurse of the
27 continuing education requirements set out in section 19.7 of this
28 chapter.

29 SECTION 8. IC 25-23-1-19.6, AS AMENDED BY P.L.28-2019,
30 SECTION 14, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31 JULY 1, 2022]: Sec. 19.6. (a) When the board grants authority to an
32 advanced practice registered nurse to prescribe legend drugs under this
33 chapter, the board shall assign an identification number to the
34 advanced practice registered nurse.

35 (b) An advanced practice registered nurse who is granted authority
36 by the board to prescribe legend drugs must do the following:

37 (1) Enter on each prescription form that the advanced practice
38 registered nurse uses to prescribe a legend drug:

39 (A) the signature of the advanced practice registered nurse;

40 (B) initials indicating the credentials awarded to the advanced
41 practice registered nurse under this chapter; ~~and~~

42 (C) the identification number assigned to the advanced



- 1 practice registered nurse under subsection (a); **and**
2 **(D) the name, address, telephone number, and federal**
3 **Drug Enforcement Administration (DEA) number of the**
4 **advanced practice registered nurse's collaborating**
5 **practitioner.**
6 (2) Transmit the prescription in an electronic format for an
7 electronically transmitted prescription.
8 (3) Comply with all applicable state and federal laws concerning
9 prescriptions for legend drugs, including the requirement to issue
10 electronically transmitted prescriptions under IC 25-1-9.3.
11 (c) An advanced practice registered nurse may be granted authority
12 to prescribe legend drugs under this chapter only within the scope of
13 practice of the advanced practice registered nurse and the scope of the
14 licensed collaborating health practitioner.

